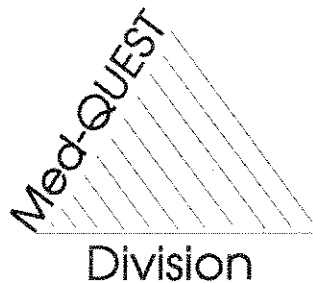


STATE OF HAWAII
Department of Human Services

**REQUEST FOR PROPOSAL
TO PROVIDE CARE COORDINATION FOR
INTER-ISLAND AIR AND GROUND
TRANSPORTATION, MEALS AND LODGING
FOR THE MEDICAID
FEE-FOR-SERVICE PROGRAM
NO. RFP-MQD-2004-009**



Med-QUEST Division
Finance Office
Issued April 9, 2004

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
MED-QUEST DIVISION
KAPOLEI, HAWAII

Legal Ad Date: April 9, 2004

REQUEST FOR PROPOSALS

No. RFP-MQD-2004-009

Competitive Sealed Proposals:

**To Provide Care Coordination for Inter-Island Air and Ground
Transportation, Meals and Lodging for the Medicaid Fee-For-Service
Program**

**will be received up to 2:00 p.m. Hawaii Standard Time (H.S.T.)
on May 7, 2004**

**in the Department of Human Services
Med-QUEST Division
1001 Kamokila Boulevard, Room 317
Kapolei, Hawaii 96707**

Questions relating to this solicitation may be directed to:

**Dona Jean Watanabe
Telephone: (808) 692-7973
Fax: (808) 692-7989**



Aileen Hiramatsu, Administrator
Department of Human Services/Med-QUEST Division

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SECTION 10 ADMINISTRATIVE OVERVIEW

10.100 Purpose of the Request for Proposal

This Request for Proposal (RFP) solicits participation by qualified Care Coordination Organizations (CCOs) to coordinate inter-island air and ground transportation, meals and lodging for Medicaid-eligible children and adults who require transportation to another island in order to receive medical care services through the Medicaid Fee-For-Service program. The CCOs responding to this RFP must be able to provide the required services to Medicaid-eligible recipients on a statewide basis. This proposal does not include emergency air ambulance services. Proposals limited to a specific island or county will not be accepted.

The successful contractor shall provide all staffing, office space, office equipment, travel expenses, computer hardware and software procedures required to perform the services described herein. The contractor shall be responsible for all costs of providing the required services as described in this RFP.

Offerors are advised that the entire RFP, any addenda, and the corresponding proposal shall be part of the contract with the successful offeror.

The Department of Human Services (DHS) reserves the rights to modify, amend, change, add or delete any requirements in this RFP and in the documentation library to serve the best interest of the State. If significant amendments are made to the RFP, the State will consider allowing offerors additional time to submit their proposals.

Offerors are encouraged to read each section of the RFP thoroughly. While sections may appear similar among RFP's state purchasing agencies may add additional information as applicable. It is the responsibility of the offeror to understand the requirements of each RFP.

10.200 Authority for Issuance of RFP

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), Chapter 103F and its administrative rules. All prospective offerors are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any offerors shall constitute admission of such knowledge on the part of such offeror. Failure to comply with any requirement may result in the rejection of the proposal. DHS reserves the right to reject any or all proposals received or to cancel this RFP, according to the best interest of the State.

10.300 Issuing Officer

This RFP is issued by the State of Hawaii, Department of Human Services. The Issuing Officer within the DHS is the sole point of contact from the date of release of this RFP until the selection of a successful offeror. The Issuing Officer is:

Ms. Aileen Hiramatsu, Administrator
Department of Human Services/Med-QUEST Division
601 Kamokila Boulevard, Suite 518
Kapolei, HI 96707
Telephone: (808) 692-8050

10.400 Organization of the RFP

This RFP is composed of seven sections plus appendices:

- Section 10 – Administrative Overview – Provides general information on the purpose of the RFP, the authorities relating to the issuance of the RFP and the organization of the RFP.
- Section 20 - RFP Schedule and Requirements– Provides information on the rules and schedules for procurement of the medical transportation coordination services.
- Section 30 – Background – Describes the current medical assistance program, Medicaid fee-for-service, QUEST, QUEST-Net, and the role of DHS.

- Section 40 – Scope of Services- Provides information on the medical transportation coordination services to be provided under the contract.
- Section 50 – Terms and Conditions – Describes the terms and conditions under which the work will be performed.
- Section 60 – Technical Proposal – Defines the required format of the technical proposal and the minimum information to be provided in the proposal.
- Section 70 – Evaluation – Defines the evaluation criteria and explains the evaluation process.

Various appendices are included to support the information presented in Sections 10 through 70. Offerors are advised that the entire RFP, any addenda, and the corresponding proposal shall be a part of the contracts with the successful Offerors.

SECTION 20 RFP SCHEDULE AND REQUIREMENTS

20.100 RFP Timeline

The delivery schedule set forth herein represents the DHS's best estimate of the schedule that will be followed. If a component of this schedule, such as Proposals Due date, is delayed, the rest of the schedule will likely be shifted by the same number of days. The proposed schedule is as follows:

Issue RFP	April 9, 2004
Submission of written questions	April 20, 2004
Notice of Intent to Propose	April 20, 2004
Written responses to questions	April 26, 2004
Receipt of proposals	May 7, 2004
Contract Award	May 17, 2004
Implementation	July 1, 2004

20.200 Written Questions

Offerors shall submit questions in writing and/or on diskette in Word 97 format, or lower to the following address:

Ms. Aileen Hiramatsu
c/o Dona Jean Watanabe
Med-QUEST Division-Finance Office
1001 Kamokila Boulevard, Suite 317
Kapolei, Hawaii 96707-2005
Fax: (808) 692-7989

The written questions shall reference the RFP section, page and paragraph number. Offerors must submit written questions by 2:00 p.m. (H.S.T.) on April 20, 2004. DHS shall respond to the written questions no later than April 26, 2004. Only correspondence issued by the issuing officer shall be considered valid. No verbal responses shall be considered as official.

20.300 Notice of Intent

Potential Offerors shall submit a Notice of Intent to Propose to the Issuing Officer no later than 2:00 p.m. (H.S.T.) April 20, 2004. Submission of a Notice of Intent to Propose is not a prerequisite for the submission of a proposal, but it is necessary that the Issuing Officer receive the letter by this deadline to assure proper distribution of amendments, questions and answers and other communication regarding this RFP.

Notice of Intent can be mailed or faxed to:

Aileen Hiramatsu
c/o Dona Jean Watanabe
Med-QUEST Division-Finance Office
1001 Kamokila Boulevard, Suite 317
Kapolei, Hawaii 96707-2005

Fax Number: (808) 692-7989

20.400 Tax Clearance

Each Offeror shall provide the State and Federal Tax Clearance, as assurance that all state and federal liabilities have been paid and there are no outstanding balances owed. These tax clearances must be provided at the time the proposals are submitted and prior to the final payment made for this contract period.

An original or certified copy of a tax clearance certificate issued by the Department of Taxation (DOTAX) and the Internal Revenue Service (IRS) must be submitted with the Contractor's proposal by the due date and time.

Effective 12/1/97, tax clearance certificates are valid for a six-month (not 180 day) period beginning on the later dated DOTAX or IRS approval stamp. For example, an 8/1/98 certificate is valid through 2/1/99.

The tax clearance submitted with the sealed offer must be valid on the solicitation's legal ad date or any date thereafter up to the offer due date. A valid tax clearance received with the offer will remain valid for the contract award.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX Tax Clearance Application Form A-6 (rev. 2002) which is available at the DOTAX and IRS office in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms and Information):

<http://www.state.hi.us/tax/tax.html>

DOTAX forms by mail: (808) 587-7572

1-800-222-7572

DOTAX forms by fax: (on Oahu) (808) 587-7272

(outside Oahu) (808) 678-0522

Out-of-state offerors should mail their applications to DOTAX's Oahu District Office.

Contractor is also required to submit a tax clearance certificate for final payment on the contract.

20.500 Certificate of Good Standing

Upon award of a contract, the Contractor will be required to obtain a Certificate of Good Standing from the Department of Commerce and Consumer Affairs (DCCA) Business Registration Division (BREG).

A business entity referred to as a "Hawaii business", is registered and incorporated or organized under the laws of the State of Hawaii. Contractor shall submit a "Certificate of Good Standing" issued by the DCCA, BREG.

A business entity referred to as a "compliant non-Hawaii business," is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State. Contractor shall submit a "Certificate of Good Standing" and may be obtained from www.BusinessRegistrations.com. To register or to obtain a "Certificate of Good Standing" by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). The "Certificate of Good Standing" is valid for six months from date of issue and must be valid on the date it is received by the purchasing agency.

Contractors are advised that there are costs associated with registering and obtaining a "Certificate of Good Standing" from the DCCA. Any costs are the responsibility of the Contractor.

20.600 References

Contractor will list, on Appendix B, three (3) companies or government agencies for whom services similar to those requested herein were, or are currently being performed. The State reserves the right to contact the references provided.

20.700 Documentation

Offerors may review information describing Hawaii's Medicaid program and QUEST program by contacting the RFP Coordinator by telephone between 7:45 A.M. and 4:30 P.M. for an appointment. The documentation library contains material designed to provide the Offerors with additional and supplemental information and shall have no effect on the requirements stated in this RFP.

The documentation library maintained at the location of the issuing officer in Kapolei, Hawaii includes the following:

- QUEST application
- Definition of medical services
- Minimum QAP standards
- Organization charts and functional statements
- Rules and regulations
- Definition of aged, blind and disabled
- Financial sanctions
- Financial reporting requirements
- Complaint, grievance and appeal requirements
- Other pertinent data

Offerors that request copies of documentation after visiting the Documentation Library shall be provided the documents at cost. Packaging and shipping of documentation shall be the responsibility of the Offerors.

All possible efforts shall be made to ensure that the information contained in the documentation library is complete and current. However, DHS does not warrant that the information in the

library is indeed complete or correct and reserves the right to amend, delete and modify the information at any time without notice to the Offerors.

20.800 Proposal Bond

Each transmittal letter with the proposal shall be accompanied by a proposal bond in the form of:

- Legal tender (cash)
- Certificate of deposit issued by a bank that is insured by the FDIC and made payable to the Department of Human Services, State of Hawaii
- Certified check issued by a bank that is insured by the FDIC and made payable to the Department of Human Services, State of Hawaii
- Cashier's check issued by a bank that is insured by the FDIC and made payable to the Department of Human Services, State of Hawaii

The proposal bond shall be in the amount of \$1,000.00. The proposal bond shall be forfeited to DHS if a successful Offeror fails to execute a contract within 14 days after notification of award of contract. DHS will extend the 14 days for circumstances beyond the control of the Offeror. The proposal bond shall be returned to the successful Offeror upon execution of a legal contract and submittal of a performance bond, and to the unsuccessful Offerors after the contract has been signed by all appropriate parties.

20.900 Rules of Procurement

To facilitate the procurement process, various rules have been established as described in the following subsections.

20.910 No Contingent Fees

No Offeror shall employ any company or person, other than a bona fide employee working solely for the Offeror or company regularly employed as its marketing agent, to solicit or secure

this contract, nor shall it pay or agree to pay any company or person, other than a bona fide employee working solely for the Offeror or a company regularly employed by the Offeror as its marketing agent, any fee commission, percentage, brokerage fee, gift, or other consideration contingent upon or resulting from the award of a contract to perform the specifications of this RFP.

20.920 Restriction on Communication with State Staff

From the issue date of this RFP until an Offeror is selected and the selection is announced, communications with State staff may be made pursuant to Section 3-143-401, Hawaii Administrative Rules (HAR).

21.100 RFP Amendments

DHS reserves the right to amend the RFP any time prior to the closing date for the submission of the proposal. Amendments shall be sent to all potential offerors who requested copies of the RFP.

21.200 Costs of Preparing Proposal

Any costs incurred by the Offerors for the development and submittal of a proposal in response to this RFP are solely the responsibility of the Offeror, whether or not any award results from this solicitation. The State of Hawaii shall provide no reimbursement for such costs.

21.300 Disposition of Proposals

All proposals become the property of the State of Hawaii. The successful proposal shall be incorporated into the resulting contract and shall be public record. The State of Hawaii shall have the right to use all ideas, or adaptations to those ideas, contained in any proposal received in response to this RFP. Selection or rejection of the proposal shall not affect this right. Written requests for an explanation of rejection shall be responded to in writing within five (5) working days of receipt.

Offerors who submit technical proposals which do not meet mandatory requirements or which do not meet all the threshold requirements during the technical evaluation phase, shall have

their technical and business proposals returned. The business proposal shall be returned unopened.

21.400 Rules for Withdrawal or Revision of Proposals

A proposal may be withdrawn or revised at any time prior to, but not after, the deadline for receipt of proposals May 7, 2004 provided that a request in writing executed by an Offeror or its duly authorized representative for the withdrawal or revision of such proposal is filed with DHS before the deadline for receipt of proposals. The withdrawal of a proposal shall not prejudice the right of an Offeror to submit a new proposal.

21.500 Independent Price Determination

State law requires that a bid shall not be considered for award if the price in the bid was not arrived at independently without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other offeror or with any competitor.

An offeror shall include a certified statement in the proposal certifying that the bid was arrived at without any conflict of interest, as described above. Should a conflict of interest be detected at any time during the term of the contract, the contract shall be null and void and the offeror shall assume all costs of this project until such time that a new offeror is selected.

21.600 Confidentiality of Information

If an Offeror seeks to maintain the confidentiality of sections of the proposal, each page of the section(s) should be marked as "Proprietary" or "Confidential." Proprietary or confidential information includes, but is not limited to, business, financial information, medical records, and patient information. An explanation to DHS of how substantial competitive harm would occur if the information were released is required. DHS will maintain the confidentiality of the information to the extent allowed by law.

21.700 Acceptance of Proposals

DHS reserves the right to reject any or all proposals received or to cancel this RFP according to the best interest of the State.

DHS also reserves the right to waive minor irregularities in proposals providing such action is in the best interest of the State.

Where DHS may waive minor irregularities, such waiver shall in no way modify the RFP requirements or excuse an Offeror from full compliance with the RFP specifications and other contract requirements if the Offeror is awarded the contract.

DHS also reserves the right to consider as acceptable only those proposals submitted in accordance with all technical requirements set forth in this RFP and which demonstrate an understanding of the requirements. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be disqualified without further notice.

21.800 Submission of Proposals

Each qualified Offeror may submit only one proposal. More than one proposal shall not be accepted from any Offeror.

Four (4) bound and one (1) unbound copy of the proposal shall be received by the Issuing Officer no later than 2:00 p.m. (H.S.T.) on May 7, 2004. Any proposals received after May 7, 2004, 2:00 p.m. HST will be rejected and returned to the Offeror. Proposals shall be mailed or delivered to:

Ms. Aileen Hiramatsu
c/o Dona Jean Watanabe
Department of Human Services
Med-QUEST Division/Finance Office
1001 Kamokila Boulevard, Suite 317
Kapolei, Hawaii 96707

The outside cover of the package containing the proposal shall be marked:

Hawaii DHS/RFP-MQD-2004-009
Medical Transportation Care Coordination Proposal
(Name of Offeror)

Any amendments to proposals shall be submitted in a manner consistent with this Section.

21.900 Disqualification of Offerors

An Offeror shall be disqualified and the proposal automatically rejected for any one or more of the following reasons:

- Proof of collusion among Offerors, in which case all bids involved in the collusive action shall be rejected and any participant to such collusion shall be barred from future bidding until reinstated as a qualified Offeror.
- An Offeror's lack of responsibility and cooperation as shown by past work or services.
- An Offeror's being in arrears on existing contracts with the State or having defaulted on previous contracts.
- An Offeror's lack of sufficient experience to perform the work contemplated.
- An Offeror's lack of a proper license to cover the type of work contemplated if required to perform the required services.
- An Offeror shows any noncompliance with applicable laws.
- An Offeror's delivery of proposal after the deadline specified in the advertisement calling for bids.
- An Offeror's failure to pay, or satisfactorily settle, all bills overdue for labor and material on former contracts with the State at the time of issuance of this RFP.
- An Offeror's lack of financial stability and viability.
- An Offeror's lack of a proposal bond.

- An Offeror's consistently substandard performance related to meeting the MQD requirements from previous contracts.

22.100 Irregular Proposals

Proposals shall be considered irregular and rejected for the following reasons including, but not limited to the following:

- If either the proposal letter or transmittal letter is unsigned by an Offeror or does not include notarized evidence of authority of the officer submitting the proposal to submit such proposal.
- If the required proposal bond is not included in the envelope with the transmittal letter.
- If the proposal bond is not in accordance with the form or substance required by this RFP.
- If an Offeror or surety fails to sign the surety bond submitted as proposal guaranty.
- If the proposal shows any non-compliance with applicable law or contains any unauthorized additions or deletions, conditional bids incomplete bids, or irregularities of any kind, which may tend to make the proposal incomplete, indefinite, or ambiguous as to its meaning.
- If an Offeror adds any provisions reserving the right to accept or reject an award, or enters into a contract pursuant to an award, or adds provisions contrary to those in the solicitation.

22.200 Rejection of Proposals

The State reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the problems involved and comply with the service specifications. Any proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A proposal may be automatically rejected for any or more of the following reasons: (Relevant sections of the HAR for Chapter 103F, HRS are parenthesized)

- (1) Rejection for failure to cooperate or deal in good faith (Section 3-141-201)
- (2) Rejection for inadequate accounting system (Section 3-141-202)
- (3) Late Proposals (3-143-603)
- (4) Inadequate response to request for proposals (Section 3-143-609)
- (5) Proposal not responsive (Section 3-143-610 (1))
- (6) Offeror not responsible (Section 3-143-610(2))

22.300 Opening of Proposals

Upon receipt of proposal by a state purchasing agency at a designated location, proposals, modifications to proposals, and withdrawals of proposals shall be date-stamped and, when possible, time-stamped. All documents so received shall be held in a secure place by the state purchasing agency and not examined for evaluation purposes until the submittal deadline.

Procurement files shall be open to the public inspection after a contract has been awarded and executed by all parties.

22.400 Award Notice

A notice of intended contract award, if any, shall be sent to the selected offeror on or about May 17, 2004.

The contract award is subject to available funding. Any agreement arising out of an offer is subject to the approval of

the Department of Attorney General as to form and to all further approvals, including the approval of the Governor as required by state, regulation, rule, order, or other directive.

22.500 Disputes on Award of Contract

Offerors may file a protest against the awarding of the contract as long as an original and two copies of the protest is served upon the head of the state purchasing agency that conducted the protested procurement, and the procurement officer who handled the protested procurement, by United States mail, or by hand-delivery. A Notice of Protest regarding an award of contract and related matters that arise in connection with a procurement made under a competitive purchase of services shall be served within five working days of the postmark of the notice of findings and decision sent to the protester. The Notice of Protest form, SPO-H-801, is available on the SPO website www2.hawaii.gov/spoh. Only the following may be protested:

- (1) a state purchasing agency's failure to follow procedures established by Chapter 103F of the Hawaii Revised Statutes;
- (2) a state purchasing agency's failure to follow any rule established by Chapter 103F of the Hawaii Revised Statutes; and
- (3) a state purchasing agency's failure to follow any procedure, requirement, or evaluation criterion in a RFP issued by the state purchasing agency.

Head of State Purchasing Agency	Procurement Officer
Name: Lillian B. Koller, Esq.	Name: Steve Kawada
Title: Director	Title: Procurement Officer
Mailing Address: P.O. Box 339 Honolulu, Hawaii 96809-0339	Mailing Address: P.O Box 700190 Kapolei, Hawaii 96709-0190
Business Address: 1390 Miller St. Honolulu, Hawaii 96813	Business Address: 601 Kamokila Boulevard, Room 518 Kapolei, Hawaii 96707

SECTION 30 BACKGROUND

30.100 Medical Assistance in Hawaii

In Hawaii, the majority of the working population and their families receive health care coverage through employer based plans, a result of the Prepaid Health Care Act of 1974. The Act mandates that employers provide medical benefits to their employees whom work 20 or more hours a week. The Act is limited to medical and psychiatric benefits and does not mandate employers to provide prescription drugs, vision or dental coverage.

Medical assistance to qualified indigent, uninsured and underinsured individuals is provided through the State administered Medicaid Fee-For-Service, QUEST and QUEST-Net programs.

30.200 Aged, Blind and Disabled (ABD)

The State's Medicaid Fee-For-Service program provides medical assistance to eligible individuals under Title XIX of the Social Security Act. The Medicaid Fee-For-Service program is a state administered program, which receives federal funding for approximately 50% of its expenditures. The Medicaid Fee-For-Service program is administered by the Med-QUEST Division (MQD) of DHS.

Hawaii's Medicaid Fee-For-Service program covers all mandatory Medicaid groups as well as several optional eligibility groups. Under the current Medicaid program for the aged, blind and disabled, payments are made to providers based on the service(s) rendered (fee-for-service).

As of the end of the 2003 calendar year there were 39,399 recipients under the Fee-For-Service Program statewide. The enrollment by island is as follows:

Oahu:	28,311
Hawaii:	6,144
Kauai:	1,869
Lanai:	56
Maui:	2,718
Molokai:	<u>301</u>
TOTAL:	39,399

The CCO will be responsible for arranging inter-state travel for these individuals requiring transportation to access medically necessary services. Based on current utilization there are an average of 75-100 requests for inter-island transportation that are reviewed, approved and processed per week for recipients in the Fee-For-Service Program.

30.300 Hawaii QUEST (QUEST)

In its efforts to increase access to health care and control the rate of annual increases in health care expenditures, the State of Hawaii developed Hawaii QUEST. QUEST is a statewide Medicaid demonstration project (Section 1115 waiver) that provides medical, dental, and behavioral health services through competitive managed care delivery systems. Beginning October 1, 2001, QUEST, QUEST Net, and Medicaid Fee-For-Service members access dental services through a fee-for-service structured program which includes coordination of travel for dental-related care. Certain services are not the responsibility of the QUEST plans, which are specified in Appendix I. Transportation arrangement for QUEST recipients who require those non-covered services specified in Appendix I will be the responsibility of the CCO.

Based on current utilization there are an average of 20-25 requests for inter-island transportation and/or ground transportation that are reviewed, approved and processed per week for QUEST recipients who require services specified in Appendix I.

QUEST includes the individuals in the:

- Temporary Assistance For Needy Families (TANF) and TANF related programs
- Foster Care
- General Assistance (GA) Program
- Former State Health Insurance Program (SHIP)

Aged, Blind and Disabled (ABD) members who are in Medicaid's fee-for-service program and will NOT be enrolled into QUEST include persons who:

- Reside in a nursing facility (ICF and SNF level of care);
- Are waitlisted in hospitals for nursing facility placement;
- PACE participants,
- Reside in intermediate care facilities for the mentally retarded (ICF- MR);
- Are ABD members with spend-down requirements;
- Are foster care children placed out-of-state; and
- Are children/youth with disabilities below the age of 21;

The children/youth with disabilities will be enrolled in a separate managed care plan for children/youth with disabilities at a later date. The dual eligible (i.e. Medicaid and Medicare eligible) has the option of enrolling in to the QUEST program.

QUEST incorporates separate plans for the provision of medical services, and specialized behavioral health services.

(Refer to the QUEST document in the documentation library for additional information on the program.)

30.400 QUEST-Net

QUEST-Net is a program implemented on April 1, 1996, providing limited medical, dental and behavioral health services to eligible members. This program was developed primarily to serve as a safety net for persons who become ineligible for QUEST or ABD because their assets exceed the allowable retention limitations. This program also provides a safety net for current QUEST members and ABD members who qualify for QUEST or ABD but may voluntarily enroll in QUEST-Net to obtain lower out-of-pocket costs. Applicants with any type of medical

coverage including Medicare, VA, or Tricare, are not eligible for QUEST-Net.

Effective January 1, 1997, certain individuals and families whose AFDC/TANF financial assistance are terminated due to increased earned income or work hours, will be allowed to enroll into the QUEST-Net program for a maximum of 12 months. Participants must meet basic eligibility criteria, have income below 300% of the federal poverty level, and not be eligible for employer-sponsored health coverage. There is no asset test for this group. During the first 6 months, these individuals and families will not pay a premium share. During the second 6-month period, those income exceed 200% of the FPL will be responsible for premium share. DHS will notify the plans of changes to the members' expiration of the twelve-month eligibility.

The medical plans shall be responsible for providing all medical and behavioral health services covered under the QUEST-Net program to the members. QUEST-Net children receive the same benefit package as QUEST children and the State reimburses the medical plan the QUEST rate for each QUEST-Net child. For purposes of QUEST-Net, children include any child up to the age of 21. Individuals 21 and over in QUEST-Net are subject to limited medical and behavioral health benefits and are not eligible for enrollment into the Behavioral Health Managed plan, or other services such as case management, outreach services, and transportation. Dental benefits are the same for QUEST and QUEST-Net adults.

30.500 Estimated Enrollment in Managed Care Programs

QUEST currently provides health services to approximately 140,000 individuals. QUEST-Net has approximately 7,000 members.

Enrollment as of December, 2003 for QUEST was as follows:

Oahu:	94,438
Hawaii:	27,900
Kauai:	7,051
Lanai:	184
Maui:	11,161
Molokai:	<u>1,896</u>
TOTAL:	142,630

30.600 Department of Human Services

MQD is the organizational unit within DHS that is responsible for the operation and administration of the medical assistance programs including QUEST, QUEST-Net and Medicaid fee-for-service program. For purposes related to this RFP, the basic functions or responsibilities of MQD include:

- Developing and defining the medical, dental, and behavioral health benefits to be provided through the QUEST and Medicaid Fee-For-Service Programs.
- Developing the rules, policies, regulations and procedures to be followed under the Medicaid fee-for-service program, QUEST and QUEST-Net
- Negotiating and contracting with selected medical, dental, case management organizations and behavioral health plans
- Determining initial and continued eligibility of members
- Enrolling and disenrolling members
- Monitoring the quality assurance/improvement programs of plans and providers
- Reviewing utilization of services provided by the plans and care coordination organizations.
- Handling unresolved patient grievances with the plans and providers
- Billing and collecting premium share

- Monitoring the financial status of QUEST, QUEST-Net and the medical, dental and behavioral health plans
- Analyzing the effectiveness of QUEST and QUEST-Net in meeting its objectives
- Managing the Hawaii Prepaid Medical Management Information System (HPMMIS) and the Premium Share Billing System
- Providing member information to the health plans

(Refer to the organization charts and functional statement in the documentation library for additional information on the functions of DHS and MQD)

SECTION 40 SCOPE OF SERVICES

40.100 Offeror's Role

The MQD defines the scope of medical benefits that are available to eligible recipients by qualified Medicaid Providers. The Care Coordination Organization (CCO), through an integrated care coordination system, shall provide for the access and coordination of inter-island air transportation, ground transportation associated with the inter-island travel arranged by the CCO, and meals and lodging for eligible individuals in order to receive medically necessary services.

40.200 Qualified Care Coordination Organization

Proposals shall be for statewide services. One CCO shall be awarded a contract.

40.300 Reimbursement

The method of reimbursement from DHS to the CCO shall be \$.50 cents per member per month based on serving approximately, 39,000 children and adults entitled to medical benefits under the fee-for-service program. The monthly reimbursement shall be paid on the number of individuals eligible in the fee-for-service program on the first day of each month of the contract.

There will be no prorating of the pmpm reimbursement (if the recipient becomes ineligible after the first day of the month, the CCO shall still be reimbursed for that month. If the recipient becomes eligible after the first day of the month, the CCO will not be reimbursed for that month).

40.400 Access to Care

The CCO shall provide inter-island air transportation coordination to eligible Fee-For-Service recipients and certain individuals enrolled in a QUEST plan who require air transportation between islands to receive medically necessary services from a participating Hawaii Medicaid provider or provider approved by MQD for the provision of medical services prior to the transportation. Arrangement for and approval of emergency air

ambulance services remain the responsibility of the Med-QUEST Division.

The CCO will also arrange for ground transportation, meals and lodging only in conjunction with the transportation that the CCO is responsible to coordinate/arrange. All other medical ground transportation needs of a recipient that is not related to the transportation coordinated by the CCO are the responsibility of the recipient's eligibility worker. Arrangements for air transportation is to be provided when medical services that the recipient requires cannot be obtained/provided by a Medicaid provider on the recipient's island of residence and the services off island have been prior approved by MQD. Examples of medically necessary services include but are not limited to treatments, consultations, surgery, follow-up visits, and hospital admissions.

The CCO shall assist the recipients by arranging inter-state air transportation and associated ground transportation, meals and lodging in coordination with the recipients' scheduled medical appointments which have been prior approved by MQD.

If awarded a contract, the Offeror is responsible to produce a pamphlet or brochure to be distributed to Medicaid providers and recipients that will describe information on the following:

- How the recipient and provider can receive assistance to arrange inter-island air/ground transportation and any meals and lodging if required, for a scheduled appointment that has been prior approved by MQD;
- How the recipient can receive assistance in order to obtain transportation services and foreign language translation services;
- Explain the responsibility of the CCO and the recipients (i.e. recipient cannot change the transportation arrangements on their own or they will be financially responsible for any associated change fee, recipient will be responsible for all travel costs if they use the air ticket but do not show up for their medical appointment, etc.)

- How the recipients can access the Care Coordinators (telephone, mail, fax, etc.);
- The CCO's business hours and contact numbers (telephone, mail, fax)
- Information on how the recipients and providers can contact the CCO after hours and on the weekends.
- 24-hour fax access number
- Appeal and Grievance procedures

The brochure or pamphlet shall provide information in at least the following languages regarding the availability of services and must include instructions on how to contact the CCO and access the after hours and weekend hotline. The CCO shall certify that the transcription of the information to the different languages has been reviewed by a qualified individual for accuracy.

- English
- Ilocano
- Tagalog
- Chinese
- Korean

All printed materials, video presentations, and any other information prepared by the CCO that pertain to or reference a State program shall be reviewed and approved by the MQD before use.

40.500 Care Coordination

The CCO shall develop a system to assist recipients to arrange air and ground transportation services and any required meals and lodging arrangements for medically related appointments, which the CCO is responsible to arrange/coordinate. Each recipient shall have access to a care coordinator (CC) upon request, and be given information concerning the role of the CC and how to access the CCO. Eligible Medicaid Fee-For-Service recipients and QUEST recipients shall be able to access the CCO at a minimum by telephone, mail, or fax. The CCO staff must reside in the State of Hawaii and have an office within the State.

The CC system shall include but is not limited to the following functions:

- Provide the family, Medicaid providers and QUEST plans with clear and adequate information on how to access services;
- Confirm prior approval by MQD, appointment times and places of service with all providers prior to arranging transportation
- Verify, if necessary, that the medical service cannot be provided on the recipient's island of residence unless determined otherwise by MQD, through an approved prior authorization, that the treatment cannot be delayed until an appointment on the island can be obtained.
- Coordinate appointments with providers and recipients to assure the most efficient scheduling of multiple appointments within the same day or on consecutive days
- Assist medical providers in coordinating air/ground transportation services, meals and lodging in order for recipient to obtain medically necessary medical services
- Assist recipients and providers with coordinating required follow-up visits.
- Develop, implement, and monitor an active system of outreach that at a minimum addresses providing access to the homeless, recipients with disabilities, and other recipients who have difficulty accessing services without CC intervention due to various reasons, such as vision/hearing impairments, lack of transportation, language barriers, etc.;
- Receive referrals and requests for assistance from Medicaid providers, QUEST plans, or family/representatives authorized by the recipient

The Offeror shall provide in its proposal, a description of its procedures for the following functions:

- Provide care coordination for Medicaid FFS and QUEST recipients;
- Refer members to other appropriate community resources or agencies;
- Outreach and follow-up activities (ensure appointments are scheduled prior to arranging transportation, ensure that recipients did go to their appointments, etc.).
- A description of the CCO staffing (and ratio of CC to recipients) including job descriptions of the care coordinators,

qualifications, and the type of initial and/or ongoing training and education that it will provide to its care coordinators.

40.600 Authorization Responsibilities for CCO

The CCO is authorized to arrange for services once approval of the services has been provided by MQD. This includes travel arrangements for Fee-For-Service and certain QUEST recipients being discharged from a facility after hours or on weekends and need to return to their island of residence.

40.610 Prior Authorizations for Inter-Island Travel

- Inter-island air transportation
- Ground Transportation in association with CCO arranged air transportation
- Meals and Lodging in association with CCO arranged transportation

Providers must obtain prior authorization for the medical treatment/appointment, admission, etc. for their recipient from MQD prior to referring to CCO for transportation arrangements.

40.620 Denials

If a request for transportation or meals and lodging does not meet the authorization criteria that the CCO is responsible for, the CCO shall deny the service. Any denial should be documented by recipient name, the service requested, and the reason for denial. A denial of service log/report shall be provided to the State on a monthly basis. Upon denial, the CCO shall advise the recipient of their appeal rights.

40.630 Accountability of services

Records and documentation on the methods used in contacting recipients, scheduling of air and ground transportation, arranging for meals and lodging and provider contacts shall be maintained and submitted to the MQD on a quarterly basis.

The CCO shall implement a mechanism and procedures to effectively inform eligible recipients and their families, QUEST plans and Medicaid providers of the process and procedures for the inter-island transportation arrangements. The established

procedures to be included in the proposal shall include the following:

- A process to inform and educate recipients, QUEST plans, and Medicaid providers about the services of the CCO.
- A description of available services, where and how to obtain the services when needed.
- Methods for informing persons who are blind or deaf, who cannot read or understand the English language or whose primary language is not English.
- A notification process (telephone, face to face, fax, or mail) to notify/remind members of scheduled flight/ground arrangements, and meals and lodging arrangements, if needed.

40.700 Out-of-State Coverage

Transportation services to a location outside of the State are the responsibility of the MQD and are not covered under this RFP.

40.800 Other Services to be Provided

In addition to the transportation services to be provided, the recipients shall be eligible for enabling services. Such services include, but are not limited to:

40.810 Linguistic Services

The CCO shall be responsible for identifying linguistic needs and shall assist the recipients in obtaining needed services (including sign language). The CCO shall be responsible to demonstrate their capability to assist in the coordination of effective communication and translation services so that the recipients understand their condition, the suggested treatments, and the effect of the treatment on their condition including side effects.

The CCO will be responsible to authorize and arrange for services that can adequately provide foreign language translation (to include sign language) for all eligible recipients. The CCO will be responsible to inform and educate the eligible recipients of the

benefits, as well as assist the members in accessing the appropriate translation services.

The State will be responsible for reimbursement to the participating translation provider through the MQD Fiscal Agent.

The CCO shall provide the State with a monthly authorization translation services log/report report to the State within five (5) working days after the end of the month in which the services were provided (i.e. first monthly report for July, 2004, services shall be submitted to the State by August 5, 2004). The State will provide a procedure to the CCO on translation services prior to implementation.

40.820 Ground Transportation

The CCO will be responsible for identifying the need for and arranging ground transportation from the recipient's home to the airport and transportation from the airport to the facility/office when coordinating the travel.

Ground transportation for a medical appointment on the same island on which the recipient resides shall be provided only for QUEST recipients who require services specified in Appendix I.

The Bus, taxi, or handivan/handicab may be utilized when appropriate. The CCO will be responsible to determine appropriateness of request and generate an authorization for the most appropriate mode of transportation to meet the needs of the individual member. The CCO will be responsible to inform and educate the eligible recipients and families of the transportation benefits.

The State will be responsible for monthly reimbursement to the participating transportation providers. If the recipient is able to utilize the handivan, the CCO is to provide the handivan coupons to the recipient prior to the recipient's trip and making the arrangements for pick-up and drop-off. The CCO shall be responsible to submit an authorization log/report of transportation services to the State within five (5) working days after the end of the month in which the services were provided. The CCO shall be responsible to inform and educate the members of these services. The State will provide the CCO with

a detailed procedure on how to initiate these services, (i.e. coupon, payment voucher, etc.) prior to the implementation of this contract.

40.830 Air Transportation

The CCO will prior authorize and coordinate the use of non-emergency transportation for adults (and a companion if necessary for assistance) and children, if referred to a provider that is located on a different island.

The referring provider shall notify MQD when treatment is required off island and who the rendering provider will be utilizing an MQD approved form. The CCO, after verifying the appointment of the rendering provider, will schedule the air transportation and any other applicable services (meals, lodging, ground transportation) and notify the referring and rendering provider and recipient of the travel arrangements/reservations. The guideline in which the CCO is to respond to a request for travel during office hours should be within 24 hours from the time a request is received by the CCO. When making travel arrangements for a minor, a parent or guardian must accompany children under 18 years of age.

The CCO shall be responsible to inform and educate the recipients, QUEST plans and Medicaid providers of these services. The State will provide the CCO with a detailed procedure on how to initiate these services (i.e. coupon, payment voucher, etc.) prior to the implementation of this contract.

The State will be responsible for reimbursement for authorized transportation services. The CCO shall be responsible to maintain an authorized air transportation log/report and submit to the State within five (5) working days after the end of the month in which the services were received.

40.840 Meals and Lodging

In addition, the CCO is responsible to assist recipients (upon request) with meals and lodging associated with off-island travel due to medical necessity (or lack of an appropriate provider) for the recipient and their parent or guardian, if applicable.

The CCO shall prior approve meals and lodging when appropriate and assist with the coordination of these services. The State will be responsible for the reimbursement of meals and lodging services. The CCO shall be responsible to maintain and submit a log/report of food and lodging services to the State within five (5) working days after the end of the month in which the services were provided.

The CCO shall be responsible to inform and educate the recipients of these services. The State will provide the CCO with a detailed procedure on how to initiate these services, (i.e. coupons, payment voucher, etc.) prior to the implementation of this contract.

40.900 Location of CCO Service

It is the responsibility of the CCO to maintain a place of business so that recipients can pick-up written information, transportation vouchers, airfare coupons, etc. The CCO shall, at a minimum, have a location on Oahu. If the patient/family is unable to pick up the material at the CCO place of business, the CCO shall send the information via mail, fax, or have a way to get the material to the recipient in time for the scheduled trip. The CCO staff shall be available Monday through Friday (except State holidays), between 7:45 a.m. and 4:30 p.m. at a minimum. After hours and weekend contact through an answering system/service must be available.

41.100 Recipient Education

The CCO is responsible to send out information to Medicaid Fee-For-Service and QUEST plans regarding their services at least annually. The information to be sent out must first be reviewed and approved by MQD prior to being distributed.

41.200 Communication System and Hotline Service

The CCO shall provide a telephone system to include access to a toll-free telephone line, available to recipients and providers from all areas of the State. An emergency hotline telephone system shall be available after office hours and on the weekends. The hotline information system shall be available and accessible

by providers and recipients to contact the CCO in the event the recipient must make a change in their schedule for medical reasons, are being discharged from a facility after hours or on the weekend and need to return to their island of origin, or other unforeseen circumstances that could not be avoided and requires assistance with travel arrangements. Hotline services may be provided through means, such as pagers, and answering service, cell telephone, etc. with a maximum response time of one hour. The CCO shall describe its after hours hotline phone system in its proposal.

41.300 Identification Cards (ID)

Recipients, who are eligible for QUEST, QUEST-Net and Medicaid fee-for-service benefits will have a Medicaid Identification Card. The Medicaid Identification Card can be used to obtain a recipient's eligibility status and plan enrollment information. An example of the ID card will be provided to the Contractor at the time of implementation. It is the responsibility of the CCO to verify the current eligibility for recipients that they assist. QUEST recipients who are the responsibility of the QUEST plan are to be referred to the applicable QUEST plan.

The CCO will receive daily eligibility files, as well as an end of the month eligibility file.

41.400 Discrimination or Denial of Access

All Medicaid Fee-For-Service recipients shall be provided the needed allowable inter-island transportation services without regard to race, color, sex, national origin, religion, creed, age, marital status, sexual preference, mental or physical handicap or health status. The transportation services provided to the eligible members shall be provided in accordance with established policies and procedures.

41.500 Reporting Requirements

The CCO shall prepare and submit reports specified in this Section to the MQD as required.

A. Monthly Reports

Authorizations:

For purposes of review and reimbursement by the MQD to the contracted providers, the CCO shall submit an authorization log report to the State within five (5) working days after the end of the month in which the service was provided. The following information is to be included for Ground and air transportation, meals and lodging:

- Authorizations for Ground travel for the month
- Authorizations for Air Travel for the month
- Authorizations for and Meals and Lodging for the month

Information to be provided for each authorization:

- Authorization Number
- Name and Case ID # of Member
- Date
- Service Provided
- Provider of Service
- Reason for Service
- Place of Service (to and from if applicable)
- Cost (if applicable)

B. Quarterly Reports

The CCO is responsible to submit a quarterly encounter report (based on the State fiscal year of July 1, – June 30) to the State. The report must be submitted within 45 days after the end of the quarter, and quarterly for the term of the contract. The following encounter data is required.

Encounter Data

The CCO shall provide encounter data for the following situations:

Patient Contacts

- Number of Phone contacts for the quarter
 - Number of Face to Face contacts for the quarter
 - Mail /fax contacts for the quarter
- Refer to Appendix K – Daily Call Log and Client Contact Sheet. This log should be used on a daily basis for tracking and monitoring purposes.

Provider Contacts

- Number of Provider contacts
- Number of other Provider contacts (i.e. MD, health plan, etc.)
- Number of Community Organization contacts

Complaints

- Number of complaints received from recipients and the nature of the complaints
- Number of complaints received from providers and the nature of the complaints

Outreach Encounter

- Recipient's home
- Other place of contact

41.600 Complaints

If the CCO receives complaints from recipients or providers, the CCO shall document the demographics of the individual and a written description of the complaint. The complaint information shall be documented and sent to the MQD/CCO liaison in HCMB (to be determined at a later date) at the time of the complaint. The CCO shall send its complaint log as part of their monthly report to the MQD.

41.700 Data Processing

41.710 System Capabilities

The process and maintenance of data is an important component of this contract. In its proposal the Offeror shall describe the capabilities of their data system as well as a statement that their system is compliant with HIPAA requirements. The Offeror must have the capability to receive monthly and daily updated member lists and other recipient information from the State. In addition, the CCO is expected to produce the required reports as described in this RFP.

The Offeror shall also include the amount of time it will take for the Offeror to retrieve the eligibility files from MQD, load it into their system and have the information available for their staff to determine eligibility status of recipients.

41.720 Hawaii Prepaid Medicaid Management Information System (HPMMIS)

To effectively and efficiently administer the Medicaid Fee-For-Service and QUEST Programs, DHS has implemented the Hawaii Prepaid Medical Management Information Systems (HPMMIS). HPMMIS is an integrated system, which supports the administration of the program. The major functional areas of HPMMIS include:

- Receiving daily eligibility files from HAWI (eligibility determination system) and processing enrollment/disenrollment of recipient's into/from the qualified medical, dental and behavioral health plans based on established enrollment/disenrollment rules.
- Processing client's medical and dental plan choices submitted to the MQD Enrollment Call Center.
- Producing daily/last daily enrollment/disenrollment rosters; monthly enrollment rosters; and TPL (third party liability) rosters.

- Processing monthly encounter submissions from medical, dental and behavioral health plans and generating encounter error reports for plan correction.
- Accepting and processing monthly medical, dental, and behavioral health plan provider network submissions to assign QUEST provider ID's for plan use. Errors associated with these submissions are generated and returned to the plans on a monthly basis.

See Appendix J for File layout

SECTION 50 TERMS AND CONDITIONS

50.100 General

This RFP, any amendments, appendices, and an offeror's proposal submitted in response to this RFP form an integral part of the contract between an Offeror and DHS. In exchange for payment from DHS on a per member per month (pmpm) basis an Offeror shall perform all of the services and shall develop, produce and deliver to DHS all of the data requirements described in this RFP.

In the event of a conflict between the contract or agreement, and applicable statutes and regulations, the latter shall prevail. In the event of conflict among the contract documents, the order of precedence shall be as follows: (1) Agreement, including all general conditions, special conditions, attachments and addenda; (2) the RFP, including all attachments and addenda; and (3) offeror's proposal. In the event of a conflict between the General Conditions and the Special Conditions, the Special Conditions shall control. The sections of the rules and regulations cited in this RFP may change as the rules and regulations are amended for QUEST and the Fee-For-Service Program. No changes shall be made to this RFP due to changes in the section numbers. The documents in the documentation library shall be changed as needed. The availability and extent of the materials in the documentation library shall have no effect on the requirements stated in this RFP.

The contract shall be construed in accordance with the laws of the State of Hawaii.

The offeror shall comply with all laws, ordinances, codes, rules and any way affect its performance under the contract. The standard State general terms and conditions found in Appendix C shall become part of the contract between the Contractor and the State.

The offeror shall pay all taxes lawfully imposed upon it with respect to the contract or any product delivered in accordance herewith. DHS makes no representations whatsoever as to the

liability or exemption from liability of an Offeror to any tax imposed by any governmental entity.

The offer shall be executed by the Hawaii Department of Human Services in accordance with the Hawaii Revised Statutes, Chapter 103F, and the administrative rules promulgated thereunder.

50.200 Term of the Contract

The contract term shall begin on July 1, 2004 and shall continue through June 30, 2007.

DHS shall have the option to extend the contract with the contractor for two (2) fiscal years beyond June 30, 2007. Any renewal or extension of the contract will be subject to the appropriation and availability of funds and acceptable performance by the CCO (to be determined by the State).

The offeror acknowledges that other unanticipated uncertainties may arise that may require an increase in the original scope of services from the Contractor awarded this contract. In the event that additional services may be required, the Contractor agrees to enter into a supplemental agreement upon request by the State for the additional work. The supplemental agreement may also include an extension of the period of performance and a respective increase in the compensation.

This is a multi-term contract solicitation that has been deemed to be in the best interest of the State by the Director of Human Services. The contract is for the initial period of July 1, 2004 to June 30, 2007. Unless terminated, the contract shall be extended without the necessity of re-bidding, for not more than one (3) additional 12-month period or parts thereof, upon mutual agreement in writing, at least sixty (60) days prior to expiration of the contract, provided that the contract price for the extended period shall remain the same or lower than the initial bid price or as adjusted in accordance with the CONTRACT PRICE ADJUSTMENT provision herein. Funds are available for only the initial term of the contract, and the contractual obligation of both parties in each fiscal period succeeding the first initial term is subject to the appropriation and availability of funds to DHS.

The contract will be cancelled only if funds are not appropriated or otherwise made available to support continuation of performance in any fiscal period succeeding the initial term of the contract; however this does not affect either the State's rights or the Contractor's rights under any termination clause of the contract. The State must notify the Contractor, in writing, at least sixty (60) days prior to the expiration of the contract whether funds are available or not available for the continuation of the contract for each succeeding contract extension period. In the event of cancellation, as provided in this paragraph, the Contractor will be reimbursed for the unamortized, reasonably incurred, nonrecurring costs, in accordance with HRS 103F-315(c) and § 3-122-149 (g), HAR.

Should DHS implement a Managed Care Long-Term Care program within the contract period, the contract will be terminated.

50.300 Contract Changes

Administrative, procedural and system changes to this contract for the scope of the work as defined in this RFP shall be accomplished by written contract amendment. There are two types of contract amendments.

- Administrative and procedural changes shall be made utilizing a process whereby a contract amendment is written describing the new or changed requirement, approved as to form by the Department of Attorney General, and signed by the Director of DHS and the authorized representative of the Contractor
- Changes to the scope of services to be provided by a Contractor shall be negotiated by the parties and rates established. If the parties reach an agreement, the contract terms shall be modified accordingly by a written amendment signed by the Director of DHS and an authorized representative of the Contractor

If the parties are unable to reach an agreement within 30 days of the Contractor's receipt of a contract change, the MQD administrator shall make a determination as to the revised price, and the Contractor shall proceed with the work according to a

schedule approved by DHS, subject to the Contractor's right to appeal the MQD administrator's determination of the price.

50.400 Inspection of Work Performed

DHS, the State Auditor of Hawaii, the U.S. Department of Health and Human Services (DHHS), the General Accounting Office (GAO), the Comptroller General of the United States, the Office of the Inspector General (OIG), Medicaid Investigation Division of the Department of the Attorney General or their authorized representatives shall, during normal business hours, have the right to enter into the premises of an Offeror and/or all subcontractors and providers, or such other places where duties under the contract are being performed, to inspect, monitor, or otherwise evaluate the work being performed. All inspections and evaluations shall be performed in such a manner as to not unduly delay work. All records and files pertaining to the CC services must be located in Hawaii at the CCO's principal place of business or at a storage facility on Oahu that is accessible.

50.500 Wages, Hours and Working Conditions of Employees Providing Services

Services to be performed by an Offeror and its subcontractors or providers shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work. Additionally, an Offeror shall comply with all applicable laws of Federal and State government relative to workers compensation, unemployment compensation, payment of wages and safety.

50.600 Standards of Conduct

The Contractor shall certify that the Contractor (1) has not been represented or assisted personally in the proposal nor has been represented in the procurement process by a person who has been an employee of DHS in the preceding year and has participated in the current Medicaid program operation, (2) has not been assisted or represented by a legislator or employee (as defined in Section 84-3, HRS) for a fee or other compensation to obtain the contract, or (3) will not be assisted or represented by a legislator or employee for a fee or other compensation in the performance of the contract, if the legislator or employee was

involved in the development or award of the contract. The Contractor shall execute the Contractor's Standards of Conduct Declaration, a copy of which is found in Appendix H, and which shall become part of the contract between the Contractor and the State.

50.700 Disputes

Any dispute concerning a question of fact arising under the contract which is not disposed of by mutual agreement shall be decided by the Director of DHS or his/her duly authorized representative who shall reduce his/her decision to writing and mail or otherwise furnish a copy to the Contractor within ninety days after written request for a final decision by certified mail, return receipt requested. The decision shall be final and conclusive unless determined by a court of competent jurisdiction to have been fraudulent, or capricious or arbitrary, or so grossly erroneous as necessarily to imply bad faith. In connection with any dispute proceeding under this clause, a Contractor shall be afforded an opportunity to be heard and to offer evidence in support of his/her dispute. The Contractor shall proceed diligently with the performance of the contract in accordance with the disputed decision pending final resolution by a circuit court of this State.

Any legal proceedings against the State of Hawaii regarding this RFP or any resultant contract shall be brought in a court of competent jurisdiction in the City and County of Honolulu, State of Hawaii.

50.800 Audit Requirements

The State and Federal standards for audits of DHS agents, contractors and programs conducted under contract are applicable to this subsection and are incorporated by reference into this RFP. DHS may inspect or audit any financial records of an Offeror and its subcontractors or providers.

50.900 Offeror Accounting Records Requirements

An Offeror shall, in accordance with generally accepted accounting practices, maintain fiscal records and supporting documents and related files, papers and reports that adequately

reflect all direct and indirect expenditures and management and fiscal practices related to the Offeror's performance of services under this contract.

An Offeror's accounting procedures and practices shall conform to generally accepted accounting principles and the costs properly applicable to the contract shall be readily ascertainable from the records.

51.100 Confidentiality of Information

An offeror agrees that all information, records and data collected in connection with this contract shall be protected from unauthorized disclosures. In addition, an offeror agrees to guard the confidentiality of applicant and recipient information. The contractor shall not disclose confidential information to any individual or entity except in compliance with

- 42 CFR Part 431, Subpart F;
- the Administrative Simplification provisions of Title II of the Health Insurance Portability and Accountability Act of 1996, Pub. Law 104-191 (HIPAA) and the regulations promulgated thereunder, including but not limited to the Security and Privacy requirements set forth in 45 C.F. R. Parts 160 and 164, and the Administrative Requirements set forth in 45 C.F.R. Part 162 (if applicable);
- HRS § 346-10; and
- all other applicable Hawaii statutes and administrative rules.

The Contractor is cautioned that federal and state Medicaid rules, and some other Federal and State statutes and rules, are often more stringent than the HIPAA regulations. Moreover, for purposes of this contract, the Contractor agrees that the confidentiality provisions contained in HAR Chapter 17-1702 shall apply to Contractor to the same extent as they apply to MQD.

Any other party shall be granted access to confidential information only after complying with the requirements of State and Federal laws and regulations pertaining to such access. The DHS shall determine if and when any other party has properly obtained the right to have access to this confidential information.

Nothing herein shall prohibit the disclosure of information in summary, statistical or other form that does not identify particular individuals, provided that deidentification of protected health information must be in compliance with the HIPAA Privacy Rule.

Contractor is a business associate of the DHS as that term is defined in 45 C.F.R. §160.103, and agrees to the terms of the Business Associate agreement provisions attached as Appendix F, which shall become part of the contract between the Contractor and the State.

51.200 Liquidated Damages

DHS acknowledges that in the event of breach of this contract, it would be difficult to measure damages. Therefore, in the event of any breach of the terms of the contract by the Contractor, liquidated damages shall be assessed against the Contractor in an amount equal to the costs of obtaining alternative services for the members. The damages shall include the difference in the administrative rates paid to the Contractor and the rates paid to a replacement contractor.

Notwithstanding the above, a Contractor shall not be relieved of liability to the State for any damages sustained by the State due to the Contractor's breach of the contract.

DHS may withhold from payments to a Contractor, amounts for liquidated damages until such damages are paid in full.

51.300 Payment

All payments to an Offeror shall be subject to the availability of funds.

51.400 Monthly Invoice

The contractor shall submit an original and one copy of the monthly invoice for reimbursements to the following address.

Department of Human Services
Med-QUEST Division/Finance Office
1001 Kamokila Boulevard, Suite 317
Kapolei, Hawaii 96707

51.500 Use of Funds

The Contractor shall not use any public funds for purposes of entertainment perquisites and shall comply with any and all conditions applicable to the public funds to be paid under this contract, including those provisions of appropriate acts of the Legislature or by administrative rules adopted pursuant to law.

51.600 Performance Bond

The performance bond shall be liable to forfeit by a Contractor in the event the Contractor is unable to properly, promptly and efficiently perform the contract terms and conditions and/or the contract is terminated by the default or bankruptcy of the Contractor. The Contractor shall obtain a performance bond, with the Department of Human Services, State of Hawaii designated as the sole payee, in the amount of \$5,000.00 issued by:

- a reputable surety company authorized to do business in the State of Hawaii conditioned upon the prompt, proper, and efficient performance of the contract, and shall submit the same to DHS prior to, or at the time of the execution of the contract (Appendix L-Exhibit B)
- Certificate of deposit; share certificate; or cashier's, treasurer's, teller's, or official check drawn by, or a certified check and made payable to the Department of Human Services, State of Hawaii, issued by a bank, a savings institution, or credit union that is insured by the Federal Deposit Insurance Corporation (FDIC) or the National Credit Union Administration, and payable at sight or unconditionally assigned to the procurement officer advertising for offers. These instruments may be utilized only to a maximum of

\$100,000 each and must be issued by different financial institutions (Appendix L-Exhibit C)

51.700 Warranty of Fiscal Integrity

An Offeror warrants that it is of sufficient financial solvency to assure DHS of its ability to perform the requirements of this contract. An Offeror shall provide sufficient financial data and information to prove its financial solvency.

51.800 Full Disclosure

An Offeror warrants that it has fully disclosed all business relationships, joint ventures, subsidiaries, holding companies, or any other related entity in its proposal and that any new relationships shall be brought to the attention of DHS as soon as such a relationship is consummated. The terms and conditions of CMS require full disclosure on the part of all contracting Offerors and providers.

An Offeror shall not, without DHS' prior approval, lend money or extend credit to any related party. An Offeror shall fully disclose such proposed transactions and submit a formal written request for review and approval.

An Offeror shall include such provisions in any contract or agreement made with subcontractors or providers.

51.900 Insurance

In addition to the insurance requirement in the general conditions found in Appendix C, the Contractor shall obtain, maintain, and keep in force throughout the period of the contract automobile liability insurance issued by an insurance company authorized to do business in the State of Hawaii, or meet the requirements of section 431.8-301, Hawaii Revised Statutes, if utilizing an insurance company not licensed by the State of Hawaii and complying with the Hawaii No Fault Insurance Law. The coverage limits shall be at least THREE HUNDRED THOUSAND AND NO/100 DOLLARS (\$300,000.00), each person with respect to bodily injury and FIFTY THOUSAND AND NO/100 DOLLARS (\$50,000.00) each occurrence with respect to property damage. Prior to or upon execution of the contract, the Contractor shall furnish State with a Certificate of Insurance

verifying the existence of such insurance. Such certificate shall also contain an endorsement that such insurance may not be cancelled, except upon thirty (30) calendar days written notice to the State of Hawaii.

Contractor's employees that are required to use personally owned vehicles to carry out services specified in the contract shall be required to have a valid driver's license and to use only vehicles with at least minimum no-fault coverage required by law.

52.100 Termination of the Contract

This contract may terminate or may be terminated by DHS for any or all of the following reasons in addition to the general conditions in Appendix C:

- For any default by an Offeror
- In the event of the insolvency of or declaration of bankruptcy by an Offeror
- In the event sufficient appropriated, otherwise unobligated funds no longer exist for the payment of DHS obligations hereunder

Each of these is described in the following subsections.

52.110 Termination for Default

The failure of an Offeror to comply with any term, condition, or provision of this contract shall constitute default by the Offeror. In the event of default, DHS shall notify the Offeror by certified or registered mail, return receipt requested, of the specific act or omission of the Offeror which constitutes default. The Offeror shall have 15 days from the date of receipt of such notification to cure such default. In the event of default, and during the above-specified grace period, performance under the contract shall continue as though the default had never occurred. In the event the default is not cured in 15 days, DHS may, at its sole option, terminate the contract for default. Such termination shall be accomplished by written notice of termination forwarded to the Offeror by certified or registered mail and shall be effective at the close of business on the date specified in the notice. If it is

determined, after notice of termination for default, that the Offeror's failure was due to causes beyond the control of and without error or negligence of the Offeror, the termination shall be deemed a termination for convenience.

DHS' decision not to declare default shall not be deemed a waiver of such default for the purpose of any other remedy an Offeror may have.

52.120 Termination for Bankruptcy or Insolvency

In the event that an Offeror shall cease conducting business in the normal course, become insolvent, make a general assignment for the benefit of creditors, suffer or permit the appointment of a receiver for its business or its assets or shall avail itself of, or become subject to, any proceeding under the Federal Bankruptcy Act or any other statute of any State relating to insolvency or the protection of the rights or creditors, DHS may, at its option, terminate this contract. In the event DHS elects to terminate a contract under this provision it shall do so by sending notice of termination to the Offeror by registered or certified mail, return receipt requested. The date of termination shall be deemed to be the date such notice is mailed to the Offeror, unless otherwise specified.

52.130 Termination for Unavailability of Funds

Notwithstanding any other provision of this contract, the parties hereto agree that the charges hereunder are payable by the DHS solely from appropriations received by DHS from the Legislature of the State of Hawaii. In the event such appropriations are determined, at the sole discretion of the Director of DHS, no longer to exist, or to be insufficient with respect to the charges payable hereunder, this contract shall terminate without further obligation of DHS as of that moment. In such event, the Director of DHS shall certify to an Offeror the occurrence thereof, and such certification shall be conclusive.

52.200 Procedure for Termination

Regardless of the circumstances of the termination (for reasons by Offeror or State) the contracting organization shall:

- Stop work under the contract on the date and to the extent specified in the notice of termination
- Notify the members and providers of the termination and assist the State in an orderly transition to another State designated program
- Place no further orders or subcontracts for materials, services, or facilities, except as may be necessary for completion of the work under the portion of the contract that is not terminated
- Terminate all orders and subcontracts to the extent that they relate to the performance of work terminated by the notice of termination
- Assign to DHS in the manner and to the extent directed by the MQD administrator of the right, title, and interest of an Offeror under the orders or subcontracts so terminated, in which case DHS shall have the right, in its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts
- With the approval of the MQD administrator, settle all outstanding liabilities and all claims arising out of such termination of orders and subcontracts, the cost of which would be reimbursable in whole or in part, in accordance with the provisions of the contract
- Complete the performance of such part of the work as shall not have been terminated by the notice of the termination
- Take such action as may be necessary, or as the MQD administrator may direct, for the protection and preservation of any and all property or information related to the contract which is in the possession of an Offeror and in which DHS has or may acquire an interest

- Within 10 working days from the effective date of the termination, deliver to DHS copies of all current data files, program documentation, and other documentation and procedures used in the performance of the contract at no cost to DHS. An Offeror agrees that DHS or its agent shall have a non-exclusive, royalty-free right to the use of any such documentation.

52.300 Termination Claims

After receipt of a notice of termination, an Offeror shall submit to the MQD administrator any termination claim in the form and with the certification prescribed by the MQD administrator. Such claim shall be submitted promptly but in no event later than six months from the effective date of termination. Upon failure of an Offeror to submit its termination claims within the time allowed, the MQD administrator may, subject to any review required by the State procedures in effect as of the date of execution of the contract, determine, on the basis of information available to him/her, the amount, if any, due to an Offeror by reason of the termination and shall thereupon cause to be paid to the Offeror the amount to be determined.

Upon receipt of notice of termination, an Offeror shall have no entitlement to receive any amount for lost revenues or anticipated profits or for expenditures associated with this or any other contract. An Offeror shall be paid only the following upon termination:

- At the contract price(s) for the number of members enrolled in the Medicaid Fee-For-Service program at the time of termination; and/or
- At a price mutually agreed by an Offeror and DHS.

In the event of the failure of an Offeror and DHS to agree in whole or in part as to the amounts with respect to costs to be paid to the Offeror in connection with the total or partial termination of work pursuant to this article, DHS shall determine on the basis of information available the amount, if any, due to the Offeror by reason of termination and shall pay to the Offeror the amount so determined.

An Offeror shall have the right to appeal, any such determination made by the DHS as stated in Subsection 50.700, Disputes.

52.400 Force Majeure

If a Contractor is prevented from performing any of its obligations hereunder in whole or in part as a result of major epidemic, act of God, war, civil disturbance, court order or any other cause beyond its control, the Contractor shall make a good faith effort to perform such obligations through its then-existing facilities and personnel; and such non-performance shall not be grounds for termination for default.

Neither party to this contract shall be responsible for delays or failures in performance resulting from acts beyond the control of such party.

Nothing in this section shall be construed to prevent DHS from terminating this contract for reasons other than default during the period of events set forth above or for default if such default occurred prior to such event.

52.500 Conflict of Interest

An Offeror covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with its performance hereunder. An Offeror further covenants that in the performance of the contract no person having any such interest is presently employed or shall be employed in the future.

52.600 Prohibition of Gratuities

Neither an Offeror nor any person, firm or corporation employed by an Offeror in the performance of this contract shall offer or give, directly or indirectly to any employee or agent of the State of Hawaii, any gift, money or anything of value, or any promise, obligation, or contract for future reward or compensation at any time during the term of this contract.

52.700 Attorney's Fees

In the event that DHS should prevail in any legal action arising out of the performance or non-performance of this contract, the

Offeror shall pay, in addition to any damages, all expenses of such action including reasonable attorney's fees and costs. The term 'legal action' shall be deemed to include administrative proceedings of all kinds, as well as all actions at law or equity.

52.800 Authority

Each party has full power and authority to enter into and perform this contract, and the person signing this contract on behalf of each party certifies that such person has been properly authorized and empowered to enter into this contract. Each party further acknowledges that it has read this contract, understands it, and agrees to be bound by it.

SECTION 60 TECHNICAL PROPOSAL

60.100 Introduction

The following sections describe the required content and format for the technical proposal. These sections are designed to ensure submission of information essential to understanding and evaluating the proposal. There is no intent to limit the content of the proposal, which may include any additional information deemed pertinent.

The technical proposal shall include the following sections:

- Transmittal letter
- Executive Summary
- Company background and experience
- Organization and staffing
- Data processing capabilities
- Outreach and education programs
- Timeline for implementation
- Disclosure statement

Failure of an offeror to comply with any of these mandatory requirements will result in a rejection of the proposal during this phase of the evaluation.

The offeror must state specifically where each requirement noted above is met within the RFP.

60.200 Transmittal Letter

The transmittal letter shall be on official letterhead and shall be signed by an individual authorized to legally bind the Offeror. It shall include:

- A statement indicating that the Offeror is a corporation or other legal entity. All subcontractors shall be identified and a statement included indicating the percentage of work to be performed by the prime Offeror and each subcontractor, as measured by percentage of total contract price. If subcontractors will not be used for this contract a statement to this effect shall be included.

- A statement that the Offeror is/will be registered to do business in Hawaii and has or will obtain a State of Hawaii General Excise Tax License by the start of work.
- A statement identifying all amendments and addenda to this RFP issued by the issuing office and received by the Offeror. If no amendments or addenda have been received, a statement to that effect should be included.
- A statement of affirmative action that the Offeror does not discriminate in its employment practices with regard to race, color, religion, creed, age, sex, national origin or mental or physical handicap, except as provided by law.
- A statement that neither cost nor pricing is included in this letter or the technical proposal.
- A statement that no attempt has been made or will be made by the Offeror to induce any other party to submit or refrain from submitting a proposal.
- A statement that the person signing this proposal certifies that he or she is the person in the Offeror's organization responsible for, or authorized to make, decisions as to the prices quoted, that the offer is firm and binding, and that he or she has not participated and will not participate in any action contrary to the above conditions.
- A statement that the Offeror has read, understands, and agrees to all provisions of this RFP.
- A statement that it is understood that if awarded the contract, the offeror's organization will deliver the goods and services meeting or exceeding the specifications in the RFP and amendments.
- Registration Form completed and submitted (Appendix G)

60.300 Executive Summary

The executive summary should provide DHS with a broad understanding of the entire proposal; the executive summary shall clearly and concisely condense and highlight the contents of

the technical proposal in such a way as to provide MQD with a broad understanding of the Contractor's qualifications and approach to meeting the requirements of this RFP.

The executive summary chapter shall highlight the Contractor's:

- Understanding of the project requirements
- Understanding of the fee-for-service program
- Qualifications to serve as MQD contractor for the project
- Overall approach to the project and a summary of the contents of the proposal

60.400 Company Background and Experience

The company background and experience section shall include for an Offeror and each subcontractor (if any): details of the background of the company, its size and resources, and details of company experience relevant to this RFP.

60.410 Background of the Company

A description of the history of the company to include:

- Provide a general description of the primary business of your organization and its client base
- Provide a brief history and current company ownership including the ultimate parent organization and major shareholders/principals. Include date incorporated or formed and corporate domicile. An out-of-state contractor must become duly qualified to do business in the State of Hawaii before a contract can be executed
- Ownership of the company, including the officers of the corporation, and the name and address of its registered agent
- Home office location and all other offices (by city and state)
- Location of office from which any contract would be administered

- Name, address and telephone number of the contractor's point of contact for a contract resulting from this RFP
- Number of employees both locally and nationally
- The size of organization in assets, revenue and people
- The areas of specialization

60.420 Company Experience

The details of company experience relevant to the RFP include:

- Experience in providing the required services
- Experience in providing services for a Medicaid population
- Experience working with healthcare providers and the travel industry
- Experience working with outreach and enabling service programs
- Other relevant experience

60.500 Organization and Staffing

The organization and staffing section shall include organization charts of proposed personnel and resumes of all management, supervisory and key personnel. The information should provide the State with a clear understanding of the organization, functions of key personnel and on-site personnel during start-up and on-going operations.

60.510 Organization Charts

The organization charts shall show:

- Organization chart which shows the structure of the organization and identifies the proposed staff positions to be utilized in this project, including full-time equivalents (FTE)

- All proposed key personnel, including an indication of their major areas of responsibility and position within the organization
- Geographic location of the Offeror's personnel

60.520 Personnel Resumes

The resumes of key personnel proposed shall include, if applicable:

- Experience with the Medicaid program
- Experience in care coordination/managed care systems
- Length of time working in a healthcare organization or travel industry
- Relevant education and training
- Names, position titles and phone numbers of references who can provide information on the individuals' experience and competence

Resumes should be provided, at a minimum, for the Program Director, and Care Coordinator Supervisor. The Offeror shall identify an individual within the organization who will be the key contact person for MQD. The resume for this individual shall be included with any other relevant resumes. The Offeror shall also include a job description (and a ratio of CC to recipients) of the care coordination/case management staff.

If an Offeror seeks confidentiality on a part of a submission, each page of the section of that submission which is sought to be protected must be marked as "Proprietary" and an explanation of how substantial competitive harm would occur if that information was released upon request. If the explanation is sufficient, then, to the extent permitted by the exemptions in Section 92F-13, HRS, 45 CFR Part 5, and Office of Information Practices, or a Court, the affected section may be deemed confidential. Blanket labeling of the entire document as "Proprietary," however, is inappropriate.

60.600 Data Processing Capabilities

This section shall explain the Offeror's system to collect, maintain and process the required information. This section shall also include explanations as to any modifications or expansions needed in order to meet the specified data requirements.

SECTION 70 EVALUATION AND SELECTION

70.100 Introduction

DHS shall conduct a comprehensive, fair and impartial evaluation of proposals received in response to this RFP. DHS shall be the sole judge in the selection of the Offeror(s). The evaluation of the proposals shall be conducted as follows:

- Review of background and experience of the organization (45%)
- Review of mandatory/technical requirements (30%)
- Proposed Operational Policies/Procedures (20%)
- Data Processing Capabilities (5%)